

35.C14384



#12/Ext. of Time
Reg. for Recon.
9-26-01
PATENT APPLICATION
C.Wills

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
MASAFUMI KYOGAKU ET AL.) : Examiner: R. Berry
Application No.: 09/506,289) : Group Art Unit: 2818
Filed: February 18, 2000) :
For: ELECTRON-EMITTING DEVICE,)
ELECTRON SOURCE AND IMAGE-)
FORMING APPARATUS, AND)
MANUFACTURING METHODS)
THEREOF) : September 19, 2001

Commissioner for Patents
Washington, D.C. 20231

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SEP 21 2001
TECHNOLOGY CENTER 2300

REQUEST FOR RECONSIDERATION
AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated May 22, 2001 to and including Monday, September 24, 2001 (September 22, 2001 being a Saturday). A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

Applicants respectfully request reconsideration in view of the following remarks.

09/21/2001 SMINASS1 00000042 09506289

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In re Application of:

MASAFUMI KYOGAKU ET AL.

Application No.: 09/506,289

Filed: February 18, 2000

For: ELECTRON-EMITTING DEVICE, ELECTRON SOURCE AND IMAGE-FORMING APPARATUS, AND MANUFACTURING METHODS THEREOF

Docket No. 35.C14384

Examiner: R. Berry

Group Art Unit: 2818

Date: September 19, 2001

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Request For Reconsideration in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 26	MINUS	** 29	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 4	= 0	x \$40 \$80	0
Fee for Multiple Dependent claims \$135°/\$270						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

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A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

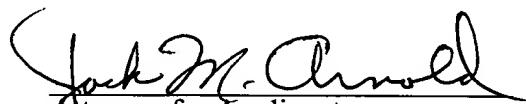
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 25,823

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